State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF HIV/AIDS SERVICES
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JAMES E. McGREEVEY
Governor

CLIFTON R. LACY, M.D.
Commissioner

June 25, 2004

HIV Content Guidelines Comments
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mailstop E07
Atlanta, GA 30333

Dear Sir/Madam:

I am writing to express my extreme concern in regard to the "Proposed Revision of Interim HIV Content Guidelines for AIDS-Related Pictorials, Audiovisuals, Questionnaires, Survey Instruments, Marketing, Advertising and Web site Materials, and Educational Sessions in CDC Regional, State, Territorial, Local and Community Assistance Programs", henceforth referred to as "Content Review Guidelines." The New Jersey Department of Health and Senior Services (NJDHSS), Division of HIV/AIDS Services (DHAS) has been operating under the current Content Review Guidelines since 1992.

The DHAS is in support of maintaining a materials review process that helps to ensure that materials supported by funds that it receives and disburses are scientifically accurate, meet the needs of their intended audiences and are effective in promoting positive behavior change. Indeed, the NJDHSS has maintained a Program Review Panel (PRP) since 1985 to ensure that materials live up to these standards. During that time, the NJDHSS has reviewed more than 1000 HIV-related items and has been able to ensure, to the best of our ability, that materials in use have been accurate, appealing to target audiences and effective in accomplishing their intended purposes. This vigilance has not been possible without a cost. In 2003, the DHAS reviewed 33 items alone. Many items are lengthy and complicated curricula, long videos, and the like. As our knowledge of effective HIV prevention interventions expands and new educational materials pour into the market at an ever increasing rate, the demands to help our grantees get these new materials reviewed and placed out into their communities grows on a monthly basis. Added to this burden is the inclusion of grantee Websites that jurisdictions were required to review beginning in 2002.

The materials review process is not a simple process. New Jersey recently had to move from a single PRP to two PRPs in order to accommodate the demand to meet at more frequent intervals, while at the same time not place an undue burden on PRP members who serve as volunteers. DHAS staff who monitor grantees must use their time to collect and transmit proposed new items to the Coordinator of the PRP. The PRP Coordinator must maintain a database, perform an initial review, and then copy and mail items in advance to PRP members. Others assist in making meeting arrangements, providing PRP members with assistance and follow-up. Then there is the time that the PRP Coordinator spends at full-day PRP meetings, the follow-up correspondence and documentation both to grantees and CDC. Cumulatively, it is estimated that fully 1.5 FTE is required to maintain our PRP operational *under the current guidance.* Additional expenses include duplication, postage, travel expenses for DHAS staff and meeting space costs.

The CDC does not provide the NJDHSS with dedicated funding to maintain the PRP, as it has in the past for other mandates such as HIV Prevention Community Planning. Expenses for the PRP must be taken from the HIV Prevention Project Cooperative Agreement, thereby reducing the amount of funds for use in actually accomplishing the goals and objectives of the Project. For every dollar that must be spent on the unfunded PRP mandate, there is one less dollar to spend on actual HIV prevention.

The demands of the current Content Review Guidelines have already begun to outpace health departments' available resources. The proposed changes to the Content Review Guidelines will overburden health departments' materials review processes to the point where quality assurance, turn around time, and responsiveness internal needs and the needs of grantees and CDC will suffer serious negative consequences. The current Content Review Guidelines, albeit at considerable, yet manageable expense, already serve to accomplish the stated purposes of the proposed revisions. Several of the proposed revisions appear to be unnecessary and/or unduly burdensome to health departments.

Two of the proposed changes in particular are onerous and place undue burdens on health departments that they will not be able to sustain. They are the proposed requirements to 1) force directly-funded community-based organization (CBO) recipients of CDC HIV prevention funds to utilize health department PRPs, and 2) duplicative review by health departments, requiring that health departments designate yet another staff person to review the materials that have already been reviewed by the PRP, which, by definition, must have representation from the funded health department.

Under the current Content Review Guidelines, directly-funded CBOs are required to convene their own PRP, with the requirement that a health department representative must be a member. This model allows for the most representative PRP membership with a majority of representation from the targeted community, while still having health department presence to help ensure technical accuracy. Most State or local health departments may, for instance, have at most one or two Latino representatives on their PRP due to the fact that a statewide PRP must be representative of the State, and not just one community. Would it not be more logical and promote better outcomes for a Latino CBO to convene its own PRP, where the majority of representatives would be Latino? The proposed changes will actually ensure worse, not better, representation of the communities to be served.

In addition to making PRPs less representative of the targeted audiences, the proposed changes to the Content Review Guidelines greatly increase the already heavy burden placed upon health departments. Health departments are struggling as it is to review the materials of their own grantees. They can not take on the additional burden of reviewing materials for the directly-funded CBOs in their jurisdictions as well. Beyond the issue of burden, is the issue of authority. Health departments possess no authority over the funds that come to CBOs through CDC directly-funded programs. There is no authority to enforce submission of materials, require proof of follow-up changes as required by the PRP, etc. Health departments can not assume responsibility for projects over which they have no authority. Rather than increase grantee accountability, they will have the opposite effect as health departments find themselves less able to provide thorough and critical review of materials as a result of demand to review more and more materials.

Under the current Content Review Guidelines, health departments are **already** required to designate an individual to serve as a PRP member, thus ensuring health departments have certified that materials are scientifically accurate. Responsible health departments **already** require that materials state that abstaining from sexual intercourse is the only sure way to avoid the sexual transmission of HIV and that the use of condoms reduces transmission risks but does not eliminate them. PRPs **already** represent a cross section of the state, and apply contemporary community standards to the review of materials. Are these individuals who volunteer their time to read these materials, fill out endless forms, and attend long meetings not "the average person"? Requiring yet another health department staff person to re-review all materials is unacceptable. Health department staff are already stretched to thinly to absorb an additional task as extensive as so proposed.

In summary, revising the Content Review Guidelines to include new internet-based technologies not prevalent in 1992 (Item 1, page 33824), fostering increased representation on PRPs from communities being served (Item 3, page 33824) and ensuring that material titles reflect the actual program of activity content (Item 5, page 33824) are appropriate. So too is increasing the flexibility of health departments to maintain more than one PRP (Item 4, page 33824.) Ensuring that materials are scientifically accurate and appropriate to the needs of targeted populations is a goal that has long been shared by both the CDC and health departments. These proposed revisions help us to attain those goals. However, health departments can not hope to continue to provide the current levels of oversight and quality assurance if they are required to review materials from directly-funded CBOs in addition to those that they already are required to review (Item 8, page 33825) and being required to re-review materials already reviewed by health department staff (Item 6, page 33824). These proposed changes are overly burdensome, antithetical to economy of effort, and will have a negative impact on our shared goals. I therefore, strongly urge that the latter two items be stricken from the final Content Review Guidelines in the name of quality assurance, cultural competence and responsiveness to the needs of those for whom we provide HIV prevention services.

Sincerely,

Steven Saunders, MS
Director
Prevention and Education

c. Laurence E. Ganges, MSW, Assistant Commissioner